



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22195 7590 03/08/2004

HUMAN GENOME SCIENCES INC
INTELLECTUAL PROPERTY DEPT.
14200 SHADY GROVE ROAD
ROCKVILLE, MD 20850

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,832	12/07/2001	Ewen F. Kirkness	PF105P1D2	8309

TITLE OF INVENTION: HUMAN HAEMOPOIETIC MATURATION FACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEMMERER, ELIZABETH	1646	424-139100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Human Genome Sciences, Inc.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Human Genome Sciences, Inc.

Rockville, MD

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Mark J. Hyman(Date) 5/26/2004

Mark J. Hyman (Reg. No. 46,789)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

05/27/2004 GWORDF2 00000191 083425 10004832

01 FC:1501

1330.00 DA

02 FC:1504

300.00 DA

03 FC:8001

15.00 DA

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Kirkness et al.

Docket No.: PF105P1D2

Application No.: 10/004,832

Confirmation No.: 8309

Filed: December 7, 2001

Art Unit: 1646

For: Human Haemopoietic Maturation Factor

Examiner: E. Kemmerer

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response the Notice of Allowance and Issue Fee Due mailed March 8, 2004,
Applicants submit herewith:

1. Fee Transmittal Sheet, with appropriate fees; and
2. Part B – Fee(s) Transmittal.

The U.S. Patent and Trademark Office is hereby authorized to charge any deficiency in
the fees filed, or credit any overpayment, to our Deposit Account No. 08-3425.

Dated: May 26, 2004

Respectfully submitted,

By

Mark J. Hyman

Registration No.: 46,789
HUMAN GENOME SCIENCES, INC.
14200 Shady Grove Road
Rockville, Maryland 20850
(240) 314-1224

MJP/MJH/lcc



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	10/004,832-Conf. #8309
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 7, 2001
		First Named Inventor	Ewen F. Kirkness
		Examiner Name	E. Kemmerer
		Art Unit	1646
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	PF105P1D2
1,645.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 08-3425		Fee Code Fee (\$)	
Deposit Account Name: Human Genome Sciences, Inc.		Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 46 -46** =		Extra Claims Fee from below Fee Paid	
Independent Claims 4 -4** =		0.00	
Multiple Dependent		0.00	
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
		SUBTOTAL (3) (\$)	
		1,645.00	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Mark J. Hyman		Registration No. 46,789	
Signature		Telephone (240) 314-1224	
		Date May 26, 2004	